Signature of Brentwood (Operations) Ltd

Signature at The Beeches

Inspection report

The Beeches
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Brentwood
Essex
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Tel: 08456804048

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service: Signature at The Beeches is a residential and nursing home which is registered to provide support to up to 110 people. Care is provided across four floors in one large purpose-built building. At the time of our inspection, there were 97 people living at the service.

People's experience of using this service:
People spoke highly of the quality of the care that they received. People gave positive feedback about the staff, management, activities and food on offer. Staff were committed to the people that they supported and knew people well. Systems were in place to involve people in their care and staff identified personalised ways to make people happy. There were a variety of dining experiences available based on people's needs and wishes, people's dietary needs and food preferences were met. There was a wide selection of activities on offer to cater to a variety of tastes and interests. The service was clean, and the environment was tailored to people's needs. The facilities included spaces such as a cinema, garden areas, bistro and lounges for people to spend their time.

People told us they felt safe at the service and we saw that staff proactively identified and responded to risks. People received their medicines safely and where we identified areas for improvement within medicines record keeping, these were immediately actioned. There were enough staff to safely met people's needs and appropriate checks were carried out to ensure staff were suitable for their roles.

Care was planned in a personalised way with regular reviews undertaken to identify and respond to changes in people's needs. Staff knew people's needs well and there were a variety of systems in place to enable staff to understand what was important to people. People were encouraged to be independent and staff provided care respectfully to ensure people's privacy and dignity was promoted.

People spoke positively about the management at the service and we saw there was a clear structure in place to ensure staff were supported. There were a variety of checks and audits and systems to involve people in the running of the service. People knew how to raise a complaint and felt confident any issues would be addressed. Where there had been incidents or complaints, these had been responded to appropriately and the provider had systems to monitor and learn from these.
Rating at last inspection: Good. (report published 23 September 2016)

Why we inspected: This was a planned comprehensive inspection.

Follow up: We will continue to monitor the service and will return to carry out an inspection in line with our policies.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service continues to be safe Details are in our Safe findings below.	Good
Is the service effective? The service continues to be effective Details are in our Effective findings below	Good
Is the service caring? The service continues to be caring Details are in our Caring findings below	Good
Is the service responsive? The service continues to be responsive Details are in our Responsive findings below	Good
Is the service well-led? The service continues to be well-led Details are in our Well-led findings below	Good

Signature at The Beeches

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by two inspectors, two assistant inspectors, a directorate support co-ordinator and two experts by experience with experience of caring for people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Signature at The Beeches is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced.

What we did:
Before inspection: We reviewed feedback we had received about the service. We checked statutory notifications that we had received from the provider. Statutory notifications are reports of important events that providers are required by law to tell us about. We reviewed information sent to us in the provider information return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During inspection: We spoke with 23 people and eight relatives. We spoke with the registered manager, the care services manager, the regional manager and an administrator. We spoke with the activities coordinator, an activities assistant, a nurse and seven care staff. We also spoke with a restaurant assistant, a moving coordinator and a housekeeping assistant.

We reviewed care plans for nine people and medicines records for 16 people. We reviewed seven staff files and looked at records of complaints, incidents and surveys. We also reviewed meeting minutes, audits and a variety of policies and procedures.

After Inspection: The provider submitted evidence to us through email.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely; Learning lessons when things go wrong

● People continued to receive their medicines safely, however there were inconsistencies in records of 'as required' medicines and creams which were addressed immediately after our visit.

● We identified instances where more detail was required to inform staff about when to administer 'as required' medicines. Whilst we did see detailed protocols for some people, for others information about when to administer these medicines did not contain sufficient detail. The impact of this was reduced because staff demonstrated a very good knowledge of people and their medicines and records showed 'as required' medicines were being administered appropriately. After the inspection, we received confirmation that this had been addressed and records had been improved.

● We found gaps in topical medicines administration records (TMARs) for four people. Staff carried out checks and were able to establish from daily notes that creams had been administered as planned. After the inspection, the provider shared an internal action plan with CQC that included daily checks of all TMARs and supervisions carried out with staff to improve records in this area.

● Staff had received medicines training and their competency had been assessed. Staff described supporting people to take medicines in a kind and compassionate manner. They were able to describe best practice for administering medicines to people. They demonstrated they knew the best way to support each individual to take their medicines.

● Lessons had been learnt when there had been issues with medicines. The provider had notified CQC of medicines errors that had occurred in June 2018 and this had prompted changes to staff training and record keeping. The provider also responded robustly to our feedback at the end of our inspection to ensure areas we raised with them had been addressed promptly.

Assessing risk, safety monitoring and management

● Risks to people continued to be managed safely. People consistently told us they felt safe when staff supported them. One person said, "One night they came and checked on me eight times because they were concerned I was unwell." A relative told us, "I do feel [person] is safe here. He has a habit of rolling out of bed, but they've installed sensors and a crash mat in his room."

● People were observed moving safely around the home with walking aids and staff support when required. When seated, people had walking aids within reach so that they could move safely from their position whenever they wished.

● Care records covered areas of risk such as nutrition, falls and emotional wellbeing. Where people were at risk of pressure sores, staff had carried out assessments of risks and drawn up detailed plans that included measures such as equipment, repositioning, checks and prescribed creams.

● The provider kept a record of accidents and incidents and there was a system in place to ensure management and the provider reviewed all incidents that occurred. Records showed that where people had sustained falls, the risk assessment had been reviewed and additional measures were considered to keep

them safe.

Systems and processes to safeguard people from the risk of abuse

● Staff understood how to identify and respond to potential abuse, they were able to describe signs to look out for and how they would escalate their concerns. Staff had access to information about local safeguarding procedures and were aware of how to whistle blow if they had concerns with care practice.

● The provider's governance systems meant incidents were robustly reviewed and records showed that where there had been concerns they were shared promptly with the local authority safeguarding team.

Staffing and recruitment

● People told us there were enough staff and they received care promptly when they requested it. One person said, "You can always get someone to help you." Another person told us, "I'm of nervous disposition and don't like being on my own, that's [staffing levels] a good thing."

● We observed people's calls for assistance being responded to promptly and the provider showed us their system for calculating staffing levels. Records showed the assessed staffing levels were regularly exceeded and, where people's needs changed, this was accounted for in staffing calculations.

● Staff were recruited in a way that ensured they were suitable to work in a care setting. The provider carried out appropriate checks of employment history and character. This included taking references and checking the criminal records of staff applying to work at the service. The provider checked staff identity and ensured they had the right to work in the UK. The provider had a robust and fair recruitment process. There were set questions for interview which were appropriate to the role staff had applied for.

Preventing and controlling infection

● The home environment was clean, and staff followed good hygiene practices. One person said, "They're always cleaning here."

● The provider employed domestic staff who were observed working throughout the service and following a schedule to ensure all areas of the home were cleaned daily. People's rooms, communal areas, bathrooms and kitchen facilities were all observed to be immaculately clean with no malodours.

● Staff were trained in infection control and were observed washing their hands when required as well as using personal protective equipment (PPE). Hand washing areas had sufficient supplies of liquid soap, hot water and paper towels to ensure people, relatives and staff could follow good hand washing practices.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- People's experiences of food at the service were positive. People praised the quality of the food as well as the variety. One person said, "The food varies quite a lot, and it's of a good standard." Another person said, "I'm never hungry or thirsty here, if I wanted a sandwich anytime they'd do it for me."
- We observed people being supported to get drinks or snacks whenever they wished. There was a coffee bar and bistro area and drinks stations throughout the service where people could get themselves drinks and snacks independently.
- People spoke highly of the dining experience. There was a restaurant area where people could place orders and had access to a variety of drinks, including wine if they wished. Where people required support to eat, this was in place.
- Care plans contained a high level of detail about people's dietary needs and food preferences. Where people required soft diets or diabetic controlled meals, care plans clearly reflected this as well as their preferences. People's food preferences were used to plan menus and we saw that people were regularly asked about the food to provide opportunities for them to give feedback.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received an assessment before moving into the service and this was used to create a personalised care plan. Assessments covered important areas such as risks, clinical needs, backgrounds and preferences. We noted there was a high level of detail within care plans and assessments were also very detailed.
- Where one person had recently moved into the service, records showed the assessment process and ongoing updates in the days after, had already meant a very detailed care plan was drawn up as well as a detailed life history and extensive information about their preferences.
- Assessment tools followed recognised formats. Where people were at risk of skin breakdown or malnutrition, a nationally recognised scoring system was used. The provider's system for care plans ensured detailed information about people was gathered in order to provide personalised care. Life story work undertaken with people and personalised planning reflected accepted best practice in dementia care.

Staff support: induction, training, skills and experience

- People told us staff were competent when providing care to them.
- Staff received one to one supervision at least once a quarter. Records showed supervision was used to ensure staff were aware of issues in the home, such as learning from any incidents or issues. Staff also discussed their performance and any training needs.
- Nursing staff told us they had appropriate training and support to maintain their competencies. We saw evidence of clinical supervision as well as nursing staff being supported to access courses to maintain their clinical competencies.

● Staff said they received an induction and attended a variety of training courses which were regularly refreshed. The provider ensured staff received training in a range of areas relevant to their role, such as dementia care. The provider maintained a matrix which showed most staff were up to date with all their training and where training had expired it was booked to take place again. Staff said they valued the training they were provided and that it was useful to them in their roles.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● People told us staff ensured they received healthcare when they needed it. One person said, "They're quick to see if I'm not well, if I need to see a doctor for example."

● There was a surgery room for healthcare professionals to use on site. People had regular visits from a GP as well as other community healthcare services. Staff responded promptly to changes to people's health and records were kept of healthcare appointments and their outcomes.

● Where people had specific healthcare needs, these were planned for and met. One person had a regular clinical procedure and there was a detailed care plan that had been written up by trained nursing staff with input from external healthcare professionals. Care plans provided detail on people's medical conditions and staff kept accurate records about any procedures carried out.

● The provider worked with local healthcare agencies on 'admission avoidance' plans. These were individual plans to avoid admission to hospital for people where they could be treated safely within the community. The examples seen were detailed and outlined the role of staff and external professionals in ensuring people's health needs were met whilst avoiding the disruption of an admission to hospital.

Adapting service, design, decoration to meet people's needs

● The home was purpose built and met the needs of people who required the use of mobility aids. Corridors and doorways were wide and well-lit to enable people to move around the service safely. People used lifts to move between floors and there was clear signage to enable people to orientate themselves.

● Adaptation was personalised to people's needs. In one area for people living with dementia there was a secured outdoor area that provided space for people to move and go outdoors safely. There were nostalgic posters throughout the service and items for people living with dementia to engage with. People's rooms were decorated to a high standard with memory boxes containing personalised items outside rooms to help people find their rooms and to help staff understand what was important to people.

● The environment was adapted to provide people with numerous facilities such as a cinema, a sensory garden with planting beds and a variety of lounges with areas to take part in activities.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● People had consented to their care and this had been documented. Where people were unable to consent to care, or make specific decisions themselves, staff had followed the MCA. Capacity assessments were carried out to assess people's ability to make decisions and best interest decisions were documented. Staff involved healthcare professionals and relatives where necessary. When best interest decisions involved restrictions being placed upon people, applications to approve these were submitted to the local authority DoLS team.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

● People told us consistently they were supported by kind, caring and respectful staff. One person said, "Most of them [staff] are very lovely, I'm very pleased with them, they try very hard to look after me in the way I want them to." Another person said, "They're extremely courteous, treat me very well. They are very, very kind indeed." A relative said, "Everybody who works here is always smiling. It's not for your benefit, it is a happy place."

● Staff knew how to make people feel good. The provider had a 'Make a Wish' scheme where people could make a wish and staff would identify ways to make it come true. Examples included one person who turned 100 and wanted a cooked breakfast. Staff sourced specialist ingredients and crockery to give them a special breakfast in bed. Another person had a relative who had held political office. Staff contacted the current holder of that office who visited the person as part of a day to celebrate their family history. Other examples included outings, musical performances and talks that people had wished for and were fulfilled by staff as part of this scheme.

● Staff were committed to the people they supported. Staff said they enjoyed their work and were committed to providing support to people. Staff knew people's individual needs very well and were able to tell us about people's backgrounds and working lives. The provider routinely gathered this information from people and we saw detailed life stories as well as memory boxes and photographs to help staff get to know people. A relative said, "They [staff] knew our family photos better than we did, because they'd sit with her and talk through the old times."

● Relatives described feeling welcome at the service and said they benefitted from advice from staff. One relative told us how at previous homes, they felt they had to support their loved one with personal care. They told us, "Here, I'm learning that I don't have to do those things anymore. I can just visit [person]." Another relative told us, "Amazingly this home taught me about [person] rather than the other way round."

● People's individuality and diversity was considered at assessment and through care planning. People were asked about their background, gender, culture, religion and sexuality.

● People were routinely involved in their care. Regular reviews were used to update people's preferences and choices. Observations showed people were being involved in day to day choices; staff offered people choices of drinks and snacks as well as offers of activities and games if people wished throughout the day.

● There was a variety of systems to involve people in decisions about their home and their care. Regular meetings took place as well as a residents' forum. There were also specialised forums for areas such as food, activities and housekeeping that involved people in decisions in these areas and provide feedback.

Respecting and promoting people's privacy, dignity and independence

● People were encouraged to maintain their independence. Care plans reflected people's strengths and

described tasks they liked to do themselves. One person liked to do some domestic tasks themselves and this was clearly stated within their care plan. Staff were knowledgeable about this person's wishes and records showed they regularly attended to domestic tasks themselves.

● People's rooms were large and had space for them to prepare their own drinks and snacks, as well as to manage some of their own domestic tasks if they wished to. Staff understood the importance of maintaining people's skills and gave examples of how they did this.

● People told us staff knocked before entering their rooms and we observed that this was the case. Staff had training in dignity and there were staff within the home who took the lead on dignity in care practice. People felt their dignity was maintained throughout care and we observed that people looked well kept with hair styled and make up where they wished. Where people did require support with personal care, staff responded to these needs discreetly and care was delivered behind closed doors.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; End of life care and support

- People spoke highly about the activities at the service. One person said, "There's nothing that I want to do that I can't do here." Another person told us, "The entertainment here is really quite good. There's lots of different things planned you don't need to be bored." Another person said, "I make sure I don't miss the entertainers when they come, they're a highlight."
- There was a wide and varied activities programme at the service including entertainment, quizzes, arts and crafts, a daily film and celebrations of holidays and events. The provider recruited staff to take the lead on activities and planned activities catered to a wide range of interests. Activities staff told us that they tried to bring in at least two new activities a month and used people's feedback and suggestions.
- We received positive feedback on celebrations and events at the service. We saw examples of world food events, where staff prepared traditional dishes for people from their home countries. Celebrations had taken place for St Patrick's Day and Chinese New Year, we received positive feedback about the registered manager's culinary skills from a relative after they had prepared food at one of these events.
- There was a programme of activities for people living with dementia. Where people were cared for in their rooms, we saw one to one time was allocated and records showed this took place. We heard examples of people who were cared for in bed receiving personal visits from singers in their rooms where they liked music and could not get to the performances.
- Care plans contained a high level of detail and staff told us they were allocated time to read them. People and relatives were able to tell us about their care plans and said they were regularly asked about them at reviews.
- Care plans contained a high level of detail for staff in areas such as personal care, nutrition and emotional wellbeing. One person could sometimes feel anxious and there was guidance for staff about how to approach them, such as using a soft tone of voice a reassurance, which we observed staff doing when they met the person.
- End of life care was personalised and planned sensitively. People's advanced wishes had been documented and where people may soon require end of life care there were personalised plans in place. For example, one person's care plan recorded that they had medicines in place for a pain free death. There was a personalised plan that recorded who they wished to be with them and their religious needs at this time.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain and felt confident any issues they raised would be addressed. One person told us they raised an issue with the appearance of the entrance and asked to put some plants there. The provider responded, and the person now received an annual budget for plants.
- There had been five formal complaints in the last year and records showed all had been investigated and responded to in line with the provider's policy

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they knew who the registered manager was and felt confident in the leadership at the service. One person said, "I see a lot of the manager, she's a very nice lady, very helpful." Another person said, "The manager comes in to see me sometimes and has a chat." A relative said, "[Registered manager] is friendly, approachable and efficient. You feel like she's very 'on the ball' and she knows what goes on."
- We observed that the registered manager got on well with people who interacted warmly with her throughout the day. The registered manager's office was located centrally within a communal area which people could access whenever they wished. There was senior staff presence on each floor as well as a care director, deputy manager and administrator who people could raise any issues with.
- People and relatives told us they felt included in decisions about their loved ones' care and records showed regular meetings were attended by people, relatives and staff.
- Relatives said they received good communication from the service about their loved ones and records showed relatives had been informed where there had been any concerns such as falls or changes in people's health.
- There were frequent surveys that allowed people, relatives and stakeholders to provide feedback to the service. The provider compiled the results to identify any patterns or areas they could improve.
- People and relatives told us there were regular meetings and they valued these. We heard examples of people requesting specific meals, certain types of activities and having input on parties, events and changes to the home environment. People could also make suggestions directly to staff or through message boxes. The 'Make a Wish' scheme further enabled people to make 'wishes' about their own care and activities.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- CQC had been notified of events that the provider was required by law to report to us, such as allegations of abuse or serious injuries. We did identify one instance where a skin injury, sustained in the month before our visit, would have required a notification. The provider notified us of this following our inspection.
- Systems were in place to value and reward staff. There was a nomination system for people, relatives or staff to nominate staff members for awards such as employee of the month.
- Audits were carried out regularly that covered areas such as medicines, cleanliness, health and safety and documentation. Where audits identified areas for improvement, the provider added these to an ongoing quality improvement plan. Action was taken to proactively address issues. For example, where the provider had identified that activities were not always recorded within daily notes, staff were reminded to document

these.
● There was a clear governance framework at the service. Due to its large size, the service had senior staff presence on each floor and robust systems to monitor risks at the service. There were governance meetings in areas such as medicines, nutrition and falls. These were used to discuss individual needs and respond to patterns or trends that indicated changes to risk. These were routinely used to update best practice, such as a recent NHS safety alert which was discussed at a recent meeting.
● There were daily 'stand up' meetings as well as regular head of department meetings to ensure information could be cascaded amongst staff and any issues could be escalated.

Working in partnership with others
● The provider regularly linked with the local community. We saw evidence of links with local churches and voluntary organisations which had led to activities and initiatives to embed best practice.
● People's records showed evidence of partnership working with healthcare professionals such as community nurses, mental health teams and social workers on an individual basis.